

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Parole Commission
N.E. Regional Office
5550 Friendship Blvd.
Bethesda, Md. 20815-7286

2. Article Number (Copy from service label)

7000 0520 0023 0166-2282

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

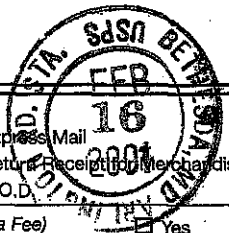
A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Agent
☒ Addressee
D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

CV-01-201

FILED
HARRISBURG, PA

FEB 22 2001

MARY E. D'ANDREA, CLERK
Per [Signature]

Caldwell

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1. Article Addressed to:

David Barasch, U.S. Attorney
P.O. Box 11754
Harrisburg, Pa. 17108

2. Article Number (Copy from service label)

7000 0520 0023 0166-2268

PS Form 3811, July 1999

Domestic Return Receipt

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Agent
☒ Addressee
D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

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1. Article Addressed to:

John Ashcroft, Attorney General
U.S. Department of Justice
P.O. Box 878, Ben Franklin Station
Washington D. C. 20044

2. Article Number (Copy from service label)

7000 0520 0023 0166-2275

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Agent
☒ Addressee
D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999

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102595-00-M-0952